

## PROGRESS REPORT

Recipient Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Service Coordinator : \_\_\_\_\_ Agency: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

DSM IV Assessment (Please report any changes and updates since initial review):

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: GAF Score \_\_\_\_\_ GARF Score \_\_\_\_\_

Narrative description of recipient's current functioning and/or changes in recipient's social environment (e.g. change in service provider, custody or placement, recent abuse reports, etc.):

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Progress in accessing services: \_\_\_\_\_

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If not, why? \_\_\_\_\_

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Progress toward goals (as stated on Service Plan):

Goal 1: \_\_\_\_\_

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Goal 2: \_\_\_\_\_

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Goal 3: \_\_\_\_\_

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TCM plan for the following month(s): \_\_\_\_\_

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**GUIDELINES for IMPACT Plus Continued Service Review Forms:  
PROGRESS REPORT**

- Please begin by providing identifying information so that all forms may be secured with the chart of the recipient.
- A current DSM IV multiaxial assessment that includes an update on all five axes (Only changes and updates from the initial information submitted need to be noted):
  - Axis I: Has the primary diagnosis or focus of treatment changed since the initial review?
  - Axis II: Has any additional testing been done or diagnoses given?
  - Axis III: Does the patient continue to have medical problems or have new problems developed?
  - Axis IV: What areas of functioning are currently affected?
  - Axis V: Based upon the child and family's current functioning, what are the GAF and GARF scores? Have these changed since the initial review (functioning improved or declined)?
- You should also provide a narrative description of the child's current functioning. This may include a description of symptoms or problems that have emerged in the past month.
- Note the progress in accessing or receiving services. Also include the recipient's response to services provided pursuant to the collaborative service plan. If authorized services could not be accessed, please explain the reason(s) why.
- Progress on goals must be reported. This progress will be used to make determinations of continued authorization of services. Document evidence to support recipient progress on each of the goals last submitted to HRC. If no progress has occurred, this should be indicated with an explanation of this failure to progress.
- Summarize the plan for delivery of targeted case management for the following month(s).